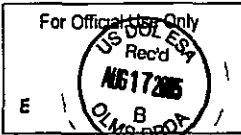


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>8748</b>	2 Fiscal Year Covered From <b>01/01/2004</b> Through <b>12/31/2004</b>
3 Name and address of person filing Name <b>THOMAS F. DUZAK</b> P O Box Bldg Room No if any _____ Street <b>FIVE GATEWAY CENTER</b> City <b>PITTSBURGH</b> State <b>PA</b> ZIP Code + 4 <b>15222</b>	4 Name file number and address of labor organization Name <b>UNITED STEELWORKERS</b> Labor Organization File Number <b>000094</b> P O Box Building and Room Number if any _____ Street <b>FIVE GATEWAY CENTER</b> City <b>PITTSBURGH</b> State <b>PA</b> ZIP Code + 4 <b>15222</b>
5 Position in labor organization <b>DIRECTOR, PENSION &amp; BENEFITS DEPARTMENT</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____
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15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Thomas F. Duzak On 08/12/2005 (412) 562-2296  
Date Telephone Number

Name of Person Filing	THOMAS F DUZAK	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name CENTRAL DATA SERVICES  
Trade Name if any CDS  
P O Box Bldg Room No if any 6TH FLOOR  
Street 60 BLVD. OF THE ALLIES  
City PITTSBURGH  
State PA ZIP Code + 4 15222

9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name STEELWORKERS HEALTH AND WELFARE FUND  
Trade Name if any \_\_\_\_\_  
P O Box Bldg Room No if any \_\_\_\_\_  
Street FIVE GATEWAY CENTER  
City PITTSBURGH  
State PA ZIP Code + 4 15222

11 a Nature of such dealing

BUSINESS IS A THIRD PARTY ADMINISTRATOR FOR THE TRUST

11 b Approximate dollar value of such dealing

\$510,000

12 a Nature of interest held or income received

BUSINESS ENTERTAINMENT - GANNON UNIVERSITY CHARITY GOLF OUTING

12 b Amount

\$175

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name \_\_\_\_\_  
Trade Name if any \_\_\_\_\_  
P O Box Bldg Room No if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing <b>THOMAS F DUZAK</b>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>HIGH MARK BLUE CROSS BLUE</u> <u>SHIELD</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>120 FIFTH AVENUE</u></p> <p>City <u>PITTSBURGH</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>STEELWORKERS HEALTH AND WELFARE FUND</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>FIVE GATEWAY CENTER</u></p> <p>City <u>PITTSBURGH</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>BUSINESS PROVIDES GROUP HEALTH INSURANCE COVERAGE TO LABOR ORGANIZATION AND TRUST</u></p>
	<p><b>11 b</b> Approximate dollar value of such dealing <u>\$109,000,000</u></p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p><u>BUSINESS ENTERTAINMENT</u></p> <p><u>LABOR GOLF OUTING \$173</u></p> <p><u>HOLIDAY LUNCH \$33</u></p> <p><u>BASKETBALL GAME TICKET \$90</u></p>
	<p><b>12 b</b> Amount <u>\$296</u></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing <b>THOMAS E. DUZAK</b>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <b>GENEVA STEEL VEB</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any <b>SUITE C</b></p> <p>Street <b>304 SOUTH VICTORIA</b></p> <p>City <b>PUEBLO</b></p> <p>State <b>CO</b> ZIP Code + 4 <b>81003</b></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><b>BUSINESS IS A 501(c)9 TRUST FUND SPONSORED BY LABOR ORGANIZATION</b></p> <p>11 b Approximate dollar value of such dealing <b>NONE \$0</b></p> <p>12 a Nature of interest held or income received</p> <p><b>REIMBURSED EXPENSES ATTRIBUTABLE TO SERVING AS A MEMBER OF THE VEB BOARD OF TRUSTEES</b></p> <p>12 b Amount <b>\$2,986</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p> <p>14 b Amount of payment.</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing	THOMAS F DUZAK	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>CF + I RETIREES' VEBA</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>SUITE C</u></p> <p>Street <u>304 SOUTH VICTORIA</u></p> <p>City <u>PUEBLO</u></p> <p>State <u>CO</u> ZIP Code + 4 <u>81003</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>BUSINESS IS A 501(C)9 TRUST FUND SPONSORED BY LABOR ORGANIZATION</u></p> <p>11 b Approximate dollar value of such dealing <u>NONE \$0</u></p> <p>12 a Nature of interest held or income received</p> <p><u>REIMBURSED EXPENSES ATTRIBUTABLE TO SERVING AS A MEMBER OF THE VEBA BOARD OF TRUSTEES</u></p> <p>12 b Amount <u>\$4,402</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p>_____</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>_____</p>